

OMB #
Expires:

SP ID #: _____

SP NAME: _____

INTERVIEWER NAME: _____

INTERVIEWER ID: _____

FACILITY ID #: _____

START TIME: _____ am/pm

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HEALTH CARE FINANCE ADMINISTRATION

MEDICARE CURRENT BENEFICIARY SURVEY

FACILITY COMPONENT

PRESCRIBED MEDICINES

ROUNDS 18 AND 19

ASSURANCE OF CONFIDENTIALITY

Information contained on this form that would permit identification of any individual or establishment is collected with a guarantee that it will be held in strict confidence by the contractor and HCFA, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of HCFA without the consent of the individual or the establishment in accordance with the Privacy Act of 1974.

PM1PRE

The following questions are about all of the medicines prescribed for {SP} in {FACILITY/READ FACILITIES IN HEADER ABOVE} {on {REFERENCE START DATE} {between {REFERENCE START DATE} and {REFERENCE END DATE}}}.

CURRENT TIMELINE

PLACE NAME	START DATE	END DATE	PLACE TYPE
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
etc.			

USE ARROW KEYS. TO EXIT, PRESS ESC.

PM1A

{What is the {first/next} month the prescribed medicine chart is available for {SP}/Is the prescribed medicine chart for {SP} for {REFERENCE DATE} available?}

SELECT ONE.

{REFERENCE DATE 1}
 {REFERENCE DATE 2}
 {REFERENCE DATE 3}
 etc.

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

PREF.CHTAVRND .PREFRND
PERM.PM1AFLG

PM1B

Does the chart show any prescribed medicines administered in {REFERENCE DATE}?

YES	1	(BOX PM4)
NO	0	(BOX PM0)

PRESS F1 FOR EXPLANATION OF ADMINISTERED.

PREF.CHTRXADM

BOX PM4	If this is the first time coming to BOX PM4, go to PM2; Else go to PM8.
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PM2

IN {REFERENCE DATE}:

What was the name of the prescribed medicine administered to {SP}?

TO SELECT/DESELECT PRESS ENTER. IF MEDICINE NOT ON LIST OR TO EXIT, PRESS ESC.

PRESS F1 FOR EXPLANATION OF "ADMINISTERED."

PMED.PMNAME .PMSELADD .PMTYPE .PMEDRND

BOX PM1	If <Escape> was entered in PM2 without selecting a medicine, go to PM2A; Else if no record exists in the second Redbook file for the drug name selected in PM2, then set a flag marking this drug as an over-the-counter (OTC) drug and go to PM8; Else if there is one and only one record in the second Redbook file for the drug name selected in PM2, then store the form and strength from the second Redbook file, and go to PM5; Otherwise (a drug name was selected in PM2 and there are more than one combinations of form and strength in the second Redbook file), go to PM2B.
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PMED.PMSELADD .PMTYPE

PM2A

IN {REFERENCE DATE}:

What was the name of the prescribed medicine administered to {SP}?

_____ (PM3)

PMED.PMNAME

PM2B

In what form and strength was {DRUG NAME FROM PM2}?

{CHOICE LIST OF FORM & STRENGTH COMBINATIONS}

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

PMED.PMFRMRED PMED.PMSTRRED

BOX PM2	If "ADD FORM AND STRENGTH" was selected, go to PM3; else, go to PM5.
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PM3

IN {REFERENCE DATE}:

In what form was {NAME OF MEDICINE FROM PM2/PM2A}?
SELECT ONE.

TABLET/CAPSULE/PILL	1
LIQUID (ORAL)	2
TOPICAL OINTMENT, CREME, LOTION, DROPS	3
SUPPOSITORIES	4
INHALANT, AEROSOL/SPRAY USED ORALLY	5
SHAMPOO, SOAP	6
INJECTION (BODY)	7
INTRAVENOUS (IV)	8
PATCHES	9
TOPICAL GEL/JELLY	10
POWDER	11
OTHER (SPECIFY: _____)	91

USE ARROW KEYS. TO SELECT OR DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

PMED.PMFRM .PMFRMOS

PM4

What was the strength of {NAME OF MEDICINE FROM PM2/PM2A}?

{YOU MUST FIRST ENTER THE NUMBER OF UNITS.}

ENTER NUMBER AND SELECT UNIT.

{IF NO STRENGTH SPECIFIED, ENTER 0 IN NUMBER FIELD AND SELECT "NO STRENGTH" IN UNITS. IF A COMPOUND MEDICINE, ENTER 0 IN NUMBER FIELD AND SELECT "CO" IN UNITS.}

(NUMBER	(UNITS
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PMED.PMSTRN1 .PMSTRU1 .PMSTROS1
 .PMSTRN2 .PMSTRU2 .PMSTROS2
 .PMSTRN3 .PMSTRU3 .PMSTROS3

BOX PM2A	If PM3 = 6 (SHAMPOO/SOAP), 8 (INTRAVENOUS), or 10 (TOPICAL GEL/JELLY) go to PM7. Else, go to PM5.
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PM5

IN {REFERENCE DATE}:

{The next few questions ask about the dosage of {NAME OF MEDICINE} {STRENGTH} {FORM}. {As you know, dosage has two attributes -- the number of units (pills, injections, patches, and so on) of a particular strength of medicine to be received at one time and how often this number of units was to be received. First, let me ask about the number of units.}

What was a single dosage of {NAME OF MEDICINE} {STRENGTH} {FORM}?

IF NO UNIT, ENTER SHIFT/5.

()
NUMBER

{PRESS F1 FOR EXPLANATION OF DOSAGE.}

PMED.PMDOSEN

PM7

{IN {REFERENCE DATE}:}

How often was this dosage of {NAME OF MEDICINE}, {NUMBER}, {STRENGTH}, {FORM} prescribed to be administered?

SELECT ONE.

QD (1 TIME PER DAY)	1	
BID (2 TIMES PER DAY)	2	
TID (3 TIMES PER DAY)	3	
QID (4 TIMES PER DAY)	4	
QH (EVERY HOUR)	5	
Q4H (EVERY 4 HOURS)	6	
Q6H (EVERY 6 HOURS)	7	
Q8H (EVERY 8 HOURS)	8	
Q12H (EVERY 12 HOURS)	9	
Q__H (EVERY __ HOURS)	10	(PM7a)
AC (BEFORE MEALS)	11	
PC (AFTER MEALS)	12	
QHS (DAILY AT BED TIME)	13	
QOD (EVERY OTHER DAY)	14	
PRN (STANDING ORDER, AS NECESSARY)	15	
OTHER (SPECIFY: _____)	91	

USE ARROW KEYS. TO SELECT/DESELECT, PRESS ENTER. TO EXIT, PRESS ESC.

PMED.PMDOSEU

.PMDOSEOS

PM7a

EVERY _____ HOURS
(NUMBER)

PMED.PMDOSEEH

PM8

In {REFERENCE DATE}, what was the total number of times [READ MEDICINES BELOW] was administered?
COUNT EACH TIME THE DRUG WAS GIVEN ON EACH DAY.

IF DRUG NOT LISTED ON CHART - AS SPECIFIED, PRESS SHIFT/5 IN # OF ITEMS.

	# OF TIMES	DISCON- TINUED? Y=1 N=0
{NAME OF MEDICINE} {NUMBER} {STRENGTH} {FORM} {DOSAGE}	()	(0)
{NAME OF MEDICINE} {NUMBER} {STRENGTH} {FORM} {DOSAGE}	()	(0)
etc.		

USE ARROW KEYS. TO EXIT, PRESS ESC.

XPRP.TIMESADM .XPRPRNDC

CTRL/E OK

PM9

IN {REFERENCE DATE}:

Were any other prescribed medicines administered to {SP}?

YES	1 (PM2)
NO	0 (BOX PM3)
DK	8 (BOX PM3)
RF	7 (BOX PM3)

TEMP.VAR

BOX PM3	If there are any NUMBER fields in the PM8 Matrix for which the interviewer has not entered a number, go to PM8 with the cursor residing on the first "empty" NUMBER FIELD; Else, go to BOX PM0.
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BOX PM0	If no REFERENCE DATEs (months) remaining, go to PMEND; Else go to PM1A.
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PMEND

YOU HAVE COMPLETED THE PRESCRIBED MEDICINES DATA COLLECTION FOR THIS SP.

PRESS ENTER TO RETURN TO NAVIGATION SCREEN.